POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	710.		\$/3/:00	
O.I.P.E. CLASSIFIER		19/	9/1	
FORMALITY REVIEW	TN	30820	10 1,00	
RESPONSE FORMALITY REVIEW	<u>w</u> \ \(\mathcal{J} \) \(\mathcal{J} \) \(\mathcal{J} \)	177	10-11-19-01	

INDEX OF CLAIMS

V	Rejected	N	Non-elected
=	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected								
Claim Date	Claim	Date	Claim	Date				
Final Conginal Congina Conginal Conginal Conginal Congina Congina Congina Congina Co	Final		Final Original					
10 2 2 N (1 V)	51		101					
2 1 1 1	52		102					
3 1 1 1 1 1 1 1 1	53		103					
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54		104					
5	55		105	 				
6 1 1 1 1 1	56		106	 				
→ ÷ ÷	57		107					
8	58		108					
9	59		109					
10	60		110					
111	61		111					
12	62		112					
13	63		113					
14	64		114					
15	65		115					
16	66		116					
17	67		117					
18	68		118					
19	69		119					
20	70		120					
21	71		121	 				
22	72		122	 				
23	73		123					
24	74		124					
25	75		125					
26	76		126					
27	77		127	 				
28	78		128	 				
29	79	 	129	 				
30	80		130					
31	81		131					
32	82		132	 				
33	83		133					
34	84		134					
35	85		135					
36	86		136					
37	87		137					
. 38	88		138	 				
39	89		139	 				
40	90		140					
41	91		141					
42	92	 	142					
43	93		143	╫				
44	94		144	+				
45	95		145	+				
46			146	 				
47	96		147					
148	98		148	 				
49	99		}	┵				
50	100		149	╫				
	[[IOO]	\!	1139					

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here